


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 043 ****61.25

DOCUMENT # N18989	
1. Entity Name IRISH CULTURAL INSTITUTE OF FLORIDA, INC.	

Principal Place of Business 1939 WEST COPANS ROAD POMPANO BEACH, FL 33064 US	Mailing Address 1939 WEST COPANS ROAD POMPANO BEACH, FL 33064 US
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40114120



07082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2780031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREGOIRE, NANCY W 4166 NW 65 AVE CORAL SPRINGS, FL 33067

7. Signature of Registered Agent NANCY W. GREGOIRE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGOIRE, NANCY W 4166 NW 65 AVE CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MARIE 12015 GRIFFIN BLVD. BISCAYNE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSHE, MICHAEL 918 SOUTH OCEAN BLVD DELRAY BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYNES, SHEILA 1939 WEST COPANS RD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Signature of Officer or Director NANCY W. GREGOIRE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Nancy W. Hynes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>8/19/08</u>	Daytime Phone #: <u>954.468.7316</u>
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